

CLAIMS ONLY						Application Number <i>10/667586</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1		/					51					
2			/				52					
3			/				53					
4			/				54					
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43					/		93					
44					/		94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			4				Total Indep					
Total Depend			46				Total Depend					
Total Claims			50				Total Claims					